

MEMORANDUM

Not On
Agenda Item No. 7(M)(2)(C)

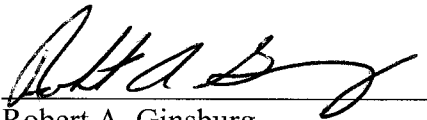
TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: July 27, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution retroactively
approving the provision of
in-kind services to Nuevo
Caminar

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Rebeca Sosa.


Robert A. Ginsburg
County Attorney

RAG/jls



MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: July 27, 2004

FROM: 
Robert A. Ginsburg
County Attorney

SUBJECT: ^{Not On} Agenda Item No. 7(M)(2)(C)

Please note any items checked.

☒

"4-Day Rule" ("3-Day Rule" for committees) applicable if raised

☐

6 weeks required between first reading and public hearing

☐

4 weeks notification to municipal officials required prior to public hearing

☐

Decreases revenues or increases expenditures without balancing budget

☐

Budget required

☐

Statement of fiscal impact required

☐

Bid waiver requiring County Manager's written recommendation

☐

Ordinance creating a new board requires detailed County Manager's report for public hearing

☒

Housekeeping item (no policy decision required)

☐

No committee review

Approved _____ Mayor
Veto _____
Override _____

Not On
Agenda Item No. 7(M)(2)(C)
7-27-04

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY APPROVING THE
PROVISION OF IN-KIND SERVICES TO NUEVO CAMINAR
IN AN AMOUNT NOT TO EXCEED \$3,080.00

WHEREAS, Nuevo Caminar has requested that Miami-Dade County provide in-kind services for two three-day seminars, and this Board desires to provide such in-kind service in an amount not to exceed \$3,080.00 (see attached Fee Waiver/In-Kind Services Applications); and

WHEREAS, this event is a District event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively approves a waiver of fees for the provision of in-kind services from the Miami-Dade Parks and Recreation Department, including all necessary supplies, labor and equipment, in an amount not to exceed \$3,080.00 for Nuevo Caminar.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by
Commissioner _____, who moved its adoption. The motion was seconded by
Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson	
Katy Sorenson, Vice-Chairperson	
Bruno A. Barreiro	Jose "Pepe" Diaz
Betty T. Ferguson	Sally A. Heyman
Joe A. Martinez	Jimmy L. Morales
Dennis C. Moss	Dorin D. Rolle
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 27th day of July, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Stephanie R. Miller

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER.

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2838
Fax: (305) 375-3888

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☒ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: _____

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):
RAMON CABRERA
727 E 9 ST, HIALEAH, FL 33010 cell = 305-796-7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): fee waiver

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

CAMP DWAIN SA BAPTIST, JUNE 11, 12, 13, 2004
17001 SW 264 STREET
HOMESTEAD, FL 33031 3-day SEMINAR
REHAB. DRUG ABUSE

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):
17001 SW 264 ST, HOMESTEAD, FL 33031

MINNEAPOLIS COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: _____

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): _____

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

11. Expected number of participants and estimated attendance (per day, if applicable): _____

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): _____

I hereby certify that all the statements made in this application are true and correct.


Signature of Authorized Representative

Date

7/8/04

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2838
Fax: (305) 375-3588

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
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- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: _____

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ County Sponsored Event/Sponsoring Department
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): _____

RAMON CARRERA
727 E 9 ST, HIALEAH, FL 33010 cell = 305-796-7202

4. Specify fee waiver or in-kind service requested (quantity, if applicable): fee waiver

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries): _____

CAMP DWALISA BARRER, Aug - 20, 21, 22, 2004
17001 SW 264 Street
HOMESTEAD, FL 33031 3-day SEMINAR
REHAB. DRUG ABUSE

\$1,540.

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): _____

17001 SW 264 ST, HOMESTEAD, FL 33031

SEMINAR #15

AUG 20 - 21 - 22, 2004

FREE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: Event is a local event
and is not a regional event
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
NOT Applicable
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):
See attached
11. Expected number of participants and estimated attendance (per day, if applicable): 700 people
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):

I hereby certify that all the statements made in this application are true and correct.

Minion Caban
 Signature of Authorized Representative

7/8/04
 Date